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PRISONER'S COMPLAINT CHALLENGING CONDITIONS OF CONFINEMENT (4/00)

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DEC 21 2005

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF MISSISSIPPIUNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF MISSISSIPPI**FILED**

DEC 21 2005

Terry Rodgers

Plaintiff

ARLEN B. COYLE, CLERK

By Joanne Bertleson
Deputy

v.

CASE NO.

1:05CV336-M-BJohn Mosely et al

Defendant

PRISONER'S COMPLAINT CHALLENGING CONDITIONS OF CONFINEMENT

1. The Plaintiff's full legal name, the name under which the Plaintiff was sentenced, the Plaintiff's inmate identification number, the Plaintiff's mailing address, and the Plaintiff's place of confinement are as follows:

A. Legal name:

Terry Rodgers

B. Name under which sentenced:

Pre-trial detainee

C. Inmate identification number:

249-15-6985 Sec 2 Security

D. Plaintiff's mailing address (street or post office box number, city, state, ZIP):

510 North Commerce StreetTupelo, Mississippi 38804

E. Place of confinement:

LEE County Jail

2. Plaintiff names the following person(s) as the Defendant(s) in this civil action:

Name:

John Mosely

Title (Superintendent, Sheriff (etc.):

MS. Bureau of Narcotics

Defendant's mailing address (street or post office box number, city, state, ZIP)

510 North Commerce St.Tupelo, MS. 38804

Name:

LEE County Sheriff's Department

Title (Superintendent, Sheriff, etc.):

Tony C. Carlton & Dorothy 'Nurse' McDaniel

Defendant's mailing address (street or post office box number, city, state, ZIP)

510 North Commerce Street

Tupelo, Ms. 38804

Name:

LEE County

Title (Superintendent, Sheriff, etc.):

Board of Supervisors

Defendant's mailing address (street or post office box number, city, state, ZIP)

Tupelo, Ms. 38802

Name:

Title (Superintendent, Sheriff, etc.):

Defendant's mailing address (street or post office box number, city, state, ZIP)

(If additional Defendants are named, provide on separates sheets of paper the complete name, title, and address information for each. Clearly label each additional sheet as being a continuation of Question 2).

3. Have you commenced other lawsuits in any other court, state or federal, dealing with or pertaining to the same facts that you allege in this lawsuit or otherwise relating to your imprisonment? ☐ Yes ☒ No

4. If you checked "Yes" in Question 3, describe each lawsuit in the space below. If there is more than one lawsuit, describe the additional lawsuit(s) on separate sheets of paper; clearly label each additional sheet as being a continuation of Question 4.

A. Parties to the lawsuit:

Plaintiff(s):

N/A

Defendant(s):

N/A

B. Court:

N/A

C. Docket No.:

N/A

D. Judge's Name:

N/A

E. Date suit filed:

N/A

F. Date decided:

N/A

G. Result (affirmed, reversed, etc.):

N/A

5. Is there a prisoner grievance procedure or system in the place of your confinement? ☒ Yes ☐ No
6. If "Yes," did you present to the grievance system **the same facts and issues** you allege in this complaint? (See question 9, below). ☒ Yes ☐ No
7. If you checked "Yes" in Question 6, answer the following questions:

A. Does the grievance system place a limit on the time within which a grievance must be presented?

☒ Yes

☐ No

B. If you answered "Yes," did you file or present your grievance within the time limit allowed?

☒ Yes

☐ No

C. The court must find that you exhausted the prison's grievance system and administrative remedies before it can consider this Complaint. State everything you did to present your grievance(s). Be specific. Include the date(s) on which you filed or presented your grievances to prison officers; identify the officer(s). State your claim(s) exactly.

Upon 11-7-2005 Terry Rodgers with the assistance of another inmate-writ-writer filed a complaint concerning his medications headaches and being beaten upon arrest around 11:30 AM. The grievance and Complaint has never been answered or responded to. On 11-21-05 inmate filed sickcall request concerning certain medications which he ran out of which he was prescribed through medicare & medicare as a mental incompetent Valium, 35mg Quinine, Insoma 350mg Albuterol Inhalation aerosol and breathing machine which he was required to be placed on twice a week.

D. State specifically what official response your grievance received. If the prison provides an administrative review of the decision on your grievance, state whether you applied for that review and what the result was.

That there was no official response to my Complaint of 11-7-2005 and that the Administrative Review System is constitutionally insufficient in protecting prisoners State or Federal Rights and being deprived on there by under the guise of STATE LAW.

Special Note: Attach to this Complaint as exhibits complete copies of all requests you made for administrative relief through the grievance system, all responses to your requests or grievances, all administrative appeals you made, all responses to your appeals, and all receipts for documents that you have.

8. If you checked "No" in Question 6, explain why you did not use the grievance procedures or system:

I did use the grievance procedure. I received only 1 official response the other 11-21-05 tore off copy without all copies attached by Ted Tucker for what reason I don't know.

9. Write below, as briefly as possible, the facts of your case. Describe how each Defendant is involved. Write the names of all other persons involved. Include dates and precise places of events. Do not give any legal argument or cite any legal authority. If you have more than one claim to present, number each claim in a separate paragraph. Attach additional pages only if necessary; label attached pages as being continuations of Question 9.

John Mosley is the proximate cause of me as a mental incompetent being in here without being charged on Aug. 9, 2005 and that being beaten 21 months later for not coming up to a pos. of Meth Charge upon which he was brought to jail on in October, 2005. That Tony C. Colton is the Superintendent of Corrections which is in charge to make sure inmates are treated fairly by his officers & employees abide by Federal guidelines & regulations when come to medical needs and treatment of County prisoners in his custody. That Dorothy the Nurse or Aid has disapprove me for medications many times & I receive Federal medical & medical care from the U.S. Government and Tim Legally mental-incompetent and had help in understanding my rights. John Mosely had arrested Joy Scruggs at Marie Dorothy's house which I was present but never booked or arrested but searched & my wife's Carole Susan Rodgers and allowed to go home on Aug 9th, 2005 the being of incidents leading to pos. of Meth Charge wave over 48 hours in being charge with an offense upon his person according to law to be taken before a magistrate without unreasonable delay.

10. State briefly exactly what you want the court to do for you. Do not make legal arguments. Do not cite legal authority.

Terry Rodgers prays that the Court would issue an injunction enjoining the defendants from denying him his medications or a substitute. And to pay the plaintiff punitive damages for unlawful use of force & not complying with a policy, rule or custom under State ^{Fed} Law to pay the plaintiff \$50,000 dollars for pain & suffering & mental anguish for being a mental incompetent is not allowing him to have his medications or its equivalents under Federal Law.

Plaintiff would request
Appointment of Counsel by Court because of being a mental incompetent.

This Complaint was executed at (location):

510 N. Commerce Street,
LEE County Jail

and I declare or certify or verify or state under penalty of perjury that this Complaint is true and correct.

Date: 12/20/05


Plaintiff's Signature

Exhibit (A)

C. P. D. Rodgers
STATE OF MISSISSIPPI
CIRCUIT COURT OF LEE COUNTY

CAUSE NO. CR 05-703

NOTICE TO DEFENDANT
FOR OFFICIAL DEFENDANT

The next **PRE-PLEA DAY** in Lee County, is the 30th day of **January, 2006**.

You should appear at the Lee County Justice Center in Tupelo, Mississippi, at 9:00 a.m.

If you and your attorney intend to enter into plea bargain negotiations and reach a settlement of this case and if you expect this Court to be bound by such agreement then your plea of guilty must be entered on or before the **PLEA DAY**. If you do not enter your plea on Plea Day, the Court will not accept any recommendation and you will be faced with either pleading without a recommendation or going to trial **DURING THE NEXT REGULARLY SCHEDULED TERM, TO BE SET BY THE COURT PRIOR TO THAT TERM.**

It is up to you and your attorney to contact the District Attorney's Office and make arrangements to enter your plea. It is also up to you to contact your attorney concerning a plea bargain or in preparation for trial. You must contact your attorney at least two weeks prior to plea day and two weeks prior to your trial date if you do not enter a plea on plea day.

Attorney: Doni Bashaw
Telephone Number: 862-6633

Travis W. Rodgers
Defendant

BOND: remains same _____ to be re-written _____ reduced from \$ _____
to amount in
BOND: NO Bond Arraignment order

CHARGE: poss of meth

RETURN DATE: 1/30/06

Lee County/Tupelo Adult Jail

Exhibit (c)

INMATE COMPLAINT FORM

Inmates name: Terry Rodgers

Date: 12/5/05

Location: POD: A, B, (C) D, E, F, G, other ✓

"Consolidated"

Insanity - 599-13-1 M.C.A. (1972)

DETAILS OF COMPLAINT: medicade & medical care insurance / mental incompetent
denial and deprivation of medications "due process" I've been on certain medications
all my life and I've been in this jail over (30) days and I've ran out certain medica-
tions and I was prescribed a substitute in generic form to the following or its
equivalent Valium 5 mg. Quinine, Insomina 350 mg. Albuterol Inhalation
2 aerosols. I've not been on a breathing machine to be prescribed by Betty
Thorton, the nurse practitioner in Baldwin. The nurse for the jail Rachel prescribed
medications which some I recieved others I didn't some persons disapproval
I have my own insurance and I seek redress & insanity proceedings.

Turned over to: Jeff Allen
(Name of Corrections Officer)

Date: _____

Inmates signature: Terry W. Rodgers

Date: 12-5-05

Received by Shift Sergeant: _____

Date action taken: _____

Disposition: Cannot have generic forms of these medications

No orders for breathing machine - inhaler ordered
as needed for relief.

D. McDaniel

Signature of Shift Sergeant: _____

Date: 12-15-05

Lee County/Tupelo Adult Jail Exhibit B

INMATE COMPLAINT FORM

Inmates name: Terry Rogers

Date: 11/21/05

Location: POD: A, B, C, D, E, F, G, other _____

DETAILS OF COMPLAINT: the denial of medical care insurance/mental incompetent. I've been on certain medication all my life and I've been in this jail about 300 days and I've ran out of certain medication and I was prescribed a substitute in generic form for the following Valium, my Quinid, Insomnia 35- my Albuterol Inhalation Aerosol. I've not been on a breathing machine to be prescribed by Betty Thorton. The nurse practitioner for the jail Rachel prescribed medication which some I received when I didn't because of disapproval I have my own insurance. Don't want medication right now.

Turned over to: _____
(Name of Corrections Officer)

Date: _____

Inmates signature: Terry Rogers

Date: 11-21-05

Received by Shift Sergeant: _____

Date action taken: _____

Disposition: Legal "Guardian" uncle "mentally incompetent"
JAMES DYE CR. 885 house 872 Saktillo, Ms.
3886 to tele. 662-844-7096

Signature of Shift Sergeant: _____

Date: _____